

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-cv-2605

Physiotherapy Corporation v.
 Richard W. Rausch, et al.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

SOVEREIGN REHABILITATION OF ILLINOIS, LLC

NAME (Type or print)		Michael Weininger	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)			
s/ Michael Weininger			
FIRM		LUPEL WEININGER LLP	
STREET ADDRESS		30 N. LaSalle St. Suite 3520	
CITY/STATE/ZIP		Chicago, IL 60602	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)		TELEPHONE NUMBER	
2966271		(312) 260-7700	
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.			
RETAINED COUNSEL <input type="checkbox"/>		APPOINTED COUNSEL <input type="checkbox"/>	